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| PETITION FOR EXTENSION OF TIME UNDER 37. CFR 1.136(a) | | Docket No. (Optional) 8733.824.00 | | | | | | | | | | | | | | | | |
|  | In re Application of Do Sung KIM et al. | | | | | | | | | | | | | | | | | |
| | Application Number 10/658,385 | | Filed September 10, 2003 | | | | | | | | | | | | | | | |
| | For: A LIQUID CRYSTAL DISPLAY DEVICE AND A MANUFACTURING METHOD FOR THE SAME | | | | | | | | | | | | | | | | | |
| | Art Unit 2871. | Examiner. Andrew M. Schechter. | | | | | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37. CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;"><input checked="" type="checkbox"/></td><td style="width: 65%;">One month (37. CFR 1.17(a)(1))</td><td style="width: 20%; text-align: right;">\$ 120.00</td></tr><tr><td><input type="checkbox"/></td><td>Two months (37. CFR 1.17(a)(2))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/></td><td>Three months (37. CFR 1.17(a)(3))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/></td><td>Four months (37. CFR 1.17(a)(4))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/></td><td>Five months (37. CFR 1.17(a)(5))</td><td style="text-align: right;">\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37. CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees, or credit any overpayments, to Deposit Account No. 50-0911. <i>A duplicate copy of this sheet is enclosed.</i></p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p> <input type="checkbox"/> assignee of record of the entire interest. See 37. CFR 3.71. Statement under 37. CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p> <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 40,106</p> <p> <input type="checkbox"/> attorney or agent under 37. CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%;"><p>_____ October 5, 2005 Date</p><p>_____ (202) 496-7500 Telephone Number</p></div><div style="width: 50%; text-align: center;"> _____ Signature Eric J. Nuss Typed or printed name</div></div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p> | | | | <input checked="" type="checkbox"/> | One month (37. CFR 1.17(a)(1)) | \$ 120.00 | <input type="checkbox"/> | Two months (37. CFR 1.17(a)(2)) | \$ _____ | <input type="checkbox"/> | Three months (37. CFR 1.17(a)(3)) | \$ _____ | <input type="checkbox"/> | Four months (37. CFR 1.17(a)(4)) | \$ _____ | <input type="checkbox"/> | Five months (37. CFR 1.17(a)(5)) | \$ _____ |
| <input checked="" type="checkbox"/> | One month (37. CFR 1.17(a)(1)) | \$ 120.00 | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Two months (37. CFR 1.17(a)(2)) | \$ _____ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Three months (37. CFR 1.17(a)(3)) | \$ _____ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Four months (37. CFR 1.17(a)(4)) | \$ _____ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Five months (37. CFR 1.17(a)(5)) | \$ _____ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Total of _____ forms are submitted. | | | | | | | | | | | | | | | | | | |

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